PTO/SB/08 (08-03)
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								Applica	ss it displays a vaild OMB control number.  Application or Docket Number		
Substitute for Form PTO-875.								10800580			
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL	ENTITY	OR	OTHE SMALI	R THAN ENTITY	
FOR BASIC FEE	NUN	NUMBER FILED		NUMBER EXTRA		RATE	FEE	7	-		
(37 CFR 1.16(a))					7		FEE	1 .	RATE	FEE	
TOTAL CLAIMS (37 CFR 1.16(c))		minus 20 a			١.		<del>  '</del>	.OR	<del></del>	<u> </u>	
INDEPENDENT CLA (37 CFR 1.16(b))	VMS	minus		<del></del>	-	X·\$=.		OR	X \$=		
100 700					┨	X \$=	<del> </del>	OR	X \$=		
						+ \$=	ļ <i>:</i>	OR	+:=		
* If the difference in column 1 is less than zero, enter *0* in column 2.						TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II											
	(Calumn 1)		(Column 2)	(Column 3)		SMALL	ENTITY	OR	OTHER	R THAN	
T A	CLAIMS REMAINING	1	HIGHEST NUMBER	PRESENT	}	RATE	ADDI-	]		ENTITY	
Total (37 CFR 1.16(d))  Independent (17 CFR 1.16(b))  Note that the state of the st	AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA			TIONAL		RATE	ADDI TIONAL	
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(17,CFR 1.16(b))	/	Minus	"3	=/-	1	X \$ = '		OR.	X \$=	·	
FIRST PRESENTATION OF MULTIPLE DEPENDENT. CLAIM (37 CFR 1.16(d))							<del></del>	OR	X \$=		
. / /					J	TOTAL	<del> </del>	l. OR	+ \$ =	·	
9/18/10	(Column 1)	•	(Column 2)			ADD'L FEE	L	OR	ADD'L FEE	·	
ω'	CLAIMS REMAINING	T	(Column 2) HIGHEST	(Column 3)	i		1.				
N.	AFTER AMENDMENT		NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI-	
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Total (37 CFR 1.16(b))    Independent	. /	Minus	2	=	N	X \$=	-/-	OR	x s=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.46(d))						X \$=		OR	× 3=	<u></u>	
<u></u>		C OCI CIVO	- 141 COAM (37 C)	-R 1.16(d)	Į	+. <b>s</b> , =		OR	+3/=	<u>.                                    </u>	
•		•	•			ADD'L FEE		OR ,	ADD'L FEE.		
O	(Column 1) CLAIMS	, ,	(Column 2) HIGHEST	(Column 3)	-	·			_		
5	REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	ADDI-	•	RATE	ADDI-	
Ŭ Total	AMENDMENT	Minus	PAID FOR	ļ			TIONAL FEE			TIONAL FEE	
Total (37 CFR 1.18(c)) Independent (37 CFR 1.18(b))	•	Minus	•••	. · ·	-	x s=		OR.	X \$=		
EIRST DOCCCO	471011 05 · · · ·				-	x s=		OR ·	X \$ =		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$=		OR	+ \$=		
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								OR	TOTAL ADD'L FEE		
"" If the "Highest N	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".										
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  s collection of information in the appropriate box in solution of information in the appropriate box in solution.											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the INSTRUCTION OF INSTRUCTION